

LAKE COUNTY COMMUNITY CORRECTIONS

2600 West 93rd Avenue
Crown Point, Indiana 46307
(219) 755-3850 ext 310 – Fax (219) 755-3689
E-MAIL – garcijr@lakecountyin.org

All of the following information is needed to complete an assessment

Referral Source: _____ Date of Referral: _____

Address: _____ Phone: _____

_____ Fax: _____

Referred to: ___ Kimbrough Work Prog. ___ Home Detention/Day Reporting ___ Female Work Release

Defendant's Name: _____ Cause Number: _____

Defendant's present address or location: _____

Defendant's Date of Birth: _____

Offense: _____ Class of Offense: _____

Petition to Revoke Probation: ___yes ___no

SENTENCING DATE: _____

***** A copy of the following information must be emailed, faxed or mailed prior to interview:**

- 1. Plea Agreement**
- 2. Pre-Sentence Investigation report**
- 3. Probable Cause/Charging Information (Original/Current)**
- 4. Police Reports**
- 5. Petition to Revoke Probation**

Has the defendant previously been in a Lake County Community Corrections program?

If yes, when? _____ Which program? _____

Comments: _____

*****WE WILL EXPECT THE DEFENDANT, IF NOT INCARCERATED, TO CONTACT OUR DEPARTMENT TO SCHEDULE AN INTERVIEW*****